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**\*BIBDATASHEET\***

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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/723,140	<b>FILING OR 371(c) DATE</b> 11/25/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> PC30246J
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/330,846 12/27/2002 ABN  
 which is a CON of 10/106,228 03/27/2002 ABN  
 which is a CON of 09/781,896 02/12/2001 PAT 6,417,230  
 which is a CON of 09/307,813 05/10/1999 PAT 6,187,813  
 which is a CON of 08/461,341 06/05/1995 ABN  
 which is a DIV of 07/986,943 12/08/1992 PAT 5,422,368  
 which is a CON of 07/469,442 04/10/1990 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 03/11/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

28940

**TITLE**

PROSTAGLANDIN DERIVATIVES FOR THE TREATMENT OF GLAUCOMA OR OCULAR HYPERTENSION

<b>FILING FEE RECEIVED</b> 1716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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